

3/23/21 COMPLAINT

TO: UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

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From: Edward P. Adams

(INCIDENT DATE. MARCH 25, 2018)

I would like to make a formal complaint against a dirty police unit. The Co Op City Police and About 6 officers jumped me . This included punching kicking ,chocking and obstruction of my breathing . The Officers Who Jumped me included Joel Lugo , Thomas Charles And "Ahmed" . All Officers named are employed by the Co Op City Police Department(RiverBay Corporation) 2049 Bartow Ave, The Bronx), NY 10475.

Their actions caused me to lose consciousness . I Suffered Scrapes Of Skin Off My Face From Concrete , Excessive Bleeding On My Face from 6 Cops on top of me on the ground obstructing my breathing on a concrete pavement. Furthermore, While already hand cuffed and in custody Was Then Pepper Sprayed By An Officer "Ahmed". Medical Record Number 2779888-11 treated at Jacob Hospital Emergency Room on March 25th 2018.

This Encounter with these officers led to false imprisonment and false charges. One Leaving the Scene of An Accident Docket Number 2018Bx*****. And Reckless Endangerment Docket Number 2018BX011507 Both cases dismissed due to lack of merit within the claims. With 1 Alleged Claim Remaining To Be Decided. indictment #444 of 2018 People Vs Edward Adams And they outcome more than likely to have the same results as they above unsuccessful charges brought against myself. This unit has a history of negligence . 1 Joel Lugo Entered My Home without a warrant on 1 occasion In January Of 2018 . I wasn't home on the occasion. 1 Joel Lugo Pointed Guns At My Family while Without Consent Or Arrest Warrant to enter the home. On Another Occasion regarding an unrelated incident in March 20th of 2020 By a "John Doe" Officer at my home at 140 Alcott 10D Place Bronx, NY 10475 .Both Instances No Warrant and Entered My Home WITHOUT CONSENT.

As You Can See This Police Unit And It's officers are not Trained Properly. Attached Is The Police Record Of Plain Clothes Officer Joel Lugo. I'm Asking for relief in the amount of \$200,000 dollars due to pain and suffering, injuries and trauma from said incident on (3/25/2018 . Reimbursements for legal fees in regards to false chargers and imprisonment at behest Of A Corrupt Police Unit. River Bay Corporation Allowed Officers To Operate with impunity with applying false Chargers and negligence that could've led to a tragedy I.e. Eric Gardener Or George Floyd . Their Bogus Charges have caused potential wage loses with Allegations Smearing my record. These allegations have discouraged potential employers from hiring me as an employee due to the Nature of Said False Allegations from These Officers. All Officers Named In The Suit Are Backed And Governed By RiverBay Corporation and Co Op City Including Joel Lugo And Thomas Charles And "Ahmed" 2049 Bartow Ave, The Bronx, NY 10475.

*JURY TRIAL DEMANDED

Joel Lugo Officer Record (High Negligence) To Be Mailed Within 24hrs Of This Document . 3/25/2021)

*January 2018 Officer Joel Lugo Entered My Home When I Wasn't Home Without Consent Pointed A FIREARM At Family At 140 Alcott 10D Bronx NY Place Without Warrant

*Date Of Incident Where Officers (Joel Lugo Thomas Charles , "Amed" Violently Assaulted Me March 25, 2018 Bronx NY 500 BayChester Avenue

*Medical Report Of Said Incident (March 25 , 2018) To Be Mailed On March 26th 2021 . (

Edward P. Adams Edspins@Gmail.com

347-316-7145

140 Alcott Place #10D

Bronx, NY 10475

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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

2021 MAR 29 AM 10:32

Edward P. Adams

CV () ()

(List the full name(s) of the plaintiff(s)/petitioner(s).)

^{-against-}
Officers Joel Lugo , Thomas Charles, "Ahmed" ,
And RiverBay Corporation
Of RiverBay Corporation Co Op City
Police Department

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

(List the full name(s) of the defendant(s)/respondent(s).)

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

3/21/21

Dated

Signature

Adams Edward P

Name (Last, First, MI)

140 Alcott Place #10D

Bronx

NY

10475

Address

City

State

Zip Code

347-316-7145

Telephone Number

Edspins@gmail.com

E-mail Address (if available)

Application to Appeal In Forma Pauperis

_____ v. _____ Appeal No. _____
 District Court or Agency No. _____

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed: _____



Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number.

Date: _____ 3/21/21 _____

My issues on appeal are: (required):

1. *For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.*

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Self-employment	\$ 0	\$ N/A	\$ 0	\$ N/A
Income from real property (such as rental income)	\$ 0	\$ N/A	\$ 0	\$ N/A

Interest and dividends	\$ 0	\$ N/A	\$ 0	\$ N/A
Gifts	\$ 0	\$ N/A	\$ 0	\$ N/A
Alimony	\$ 0	\$ N/A	\$ 0	\$ N/A
Child support	\$ 0	\$ N/A	\$ 0	\$ N/A
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$ N/A	\$ 0	\$ N/A
Disability (such as social security, insurance payments)	\$ 0	\$ N/A	\$ 0	\$ N/A
Unemployment payments	\$ 0	\$ N/A	\$ 0	\$ N/A
Public-assistance (such as welfare)	\$ 0	\$ N/A	\$ 0	\$ N/A
Other (specify):	\$	\$	\$	\$
Total monthly income:	\$0	\$0	\$0	\$0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$ N/A
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A	N/A	N/A	\$ N/A
			\$ N/A
			\$

N/A

4. How much cash do you and your spouse have? \$ or 0

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
N/A	N/A	\$ 0	\$ N/A
N/A	N/A	\$ 0	\$ N/A
		\$ 0	\$ N/A

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$	(Value) \$	(Value) \$ N/A
N/A	N/A	Make and year: N/A
		Model: N/A
		Registration #: N/A

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:	N/A	N/A
Model:	N/A	N/A
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0
	\$ 0	\$ 0

7. State the persons who rely on you or your spouse for support.

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
N/A	N/A	N/A
N/A	N/A	N/A
N/A	N/A	N/A

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$	\$
Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0	0
Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 0	\$ 0
Home maintenance (repairs and upkeep)	\$ 0	\$ 0
Food	\$ 0	\$ 0
Clothing	\$ 0	\$ 0
Laundry and dry-cleaning	\$ 0	\$ 0
Medical and dental expenses	\$ 0	\$ 0

Transportation (not including motor vehicle payments)	\$ 0	\$ 0
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$ 0
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$ 0	\$ 0
Life:	\$ 0	\$ 0
Health:	\$ 0	\$ 0
Motor vehicle:	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 0	\$ 0
Installment payments		
Motor Vehicle:	\$ 0	\$ 0
Credit card (name):	\$ 0	\$ 0
Department store (name):	\$ 0	\$ 0
Other:	\$ 0	\$ 0
Alimony, maintenance, and support paid to others	\$ 0	\$ 0
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 0	\$ 0
Other (specify):	\$ 0	\$ 0
Total monthly expenses:	\$ 0	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☐ Yes

☒ No

If yes, describe on an attached sheet.

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

11. *Provide any other information that will help explain why you cannot pay the docket fees for your appeal.*

12. *Identify the city and state of your legal residence.*

City Bronx State NY

Your daytime phone number: 347-316-7145

Your age: 37 Your years of schooling: 14

Last four digits of your social-security number: 4767

Print

Save

Reset Form

Edward Adams

140 Alcott Place 100

Bronx NY 10475

U.S. Federal Court
Southern District
500 Pearl Street

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Pro Se

Box, NY 10007